



Law Offices of Sabrina Li

SL

CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION

Name: _____

Billing Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email _____

Telephone: (_____) _____ - _____

PAYMENT INFORMATION

PAYMENT PURPOSE: _____

I authorize a one-time charge against my credit card for the follow amount \$ _____

I authorize a recurring charge against my credit card for the following amount
\$ _____ once every ___ day(s)/ week(s)/ month(s)/ year(s) beginning
_____ and ending after _____ payments.

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Card Number: _____

Expiration Month: _____ Expiration Year: _____ Security Code: _____

Cardholder Signature X _____ Date _____